PTO/SB/17 (10-08)

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		spond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009			Complete if Known							
						0/666,542				
			1		September 19, 2003					
					Thomas R. Apel					
Applicant claims	Examiner Name N		Michael B. Shingleton							
			2815	····						
TOTAL AMOUNT O		.00	Attorney Docke	et No.	TRQ-1292	23				
METHOD OF PAY	MENT (check all that apply)									
Check ✓ Credit Card Money Order None Other (please identify):										
	unt Deposit Account Number:		·							
For the above	e-identified deposit account, the Dir	rector is he	reby authorized to	o: (check	all that app	ly)				
Charge	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge	Charge any additional fee(s) or underpayments of fee(s)									
	37 CFR 1.16 and 1.17 non this form may become public. Cr	edit card in		•	, ,	form. Prov	vide credit card			
information and autho				_		-				
FEE CALCULATI	ON									
1. BASIC FILING,	SEARCH, AND EXAMINATIO									
	FILING FEES Small Entity	SEAF	RCH FEES Small Entity	EXA	MINATION <u>Small I</u>					
Application Type	e <u>Fee (\$)</u> <u>Fee (\$)</u>	Fee (\$		Fee	(\$) Fee		Fees Paid (\$)			
Utility	330 165	540	270	22	0 110)				
Design	220 110	100	50	14	0 70)				
Plant	220 110	330	165	17	0 85	;				
Reissue	330 165	540	270	65	0 325	;				
Provisional	220 110	0	0		0 ()				
2. EXCESS CLAI Fee Description Each claim ove	IM FEES er 20 (including Reissues)				<u>Fe</u>	<u>se (\$)</u> 52	Small Entity Fee (\$) 26			
	ent claim over 3 (including Rei			2	220	110				
Multiple depen						390	195			
Total Claims	Extra Claims Fee (\$	<u> Fe</u>	e Paid (\$)				endent Claims			
	or HP = xer of total claims paid for, if greater than	 =				ee (\$)	Fee Paid (\$)			
Indep. Claims	Extra Claims Fee (\$) <u>Fe</u>	Paid (\$)		-					
- 3 or HP = x = x = HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 =										
4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE Fee (810); Petition to Revive Unintentionally Abandoned App (1620) 2,430.00										
SUBMITTED BY	7.04		Registration No.		-	T 1.				
Signature	Dans A All -		registration 140.	52 137		i elephone	503-615-9616			

(Attorney/Agent) 52,137 Date November 20, 2009 Name (Print/Type) Joseph Pugh

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032

Under the aperwork Reduction	Act of 1995	no persons are req	uired to re	espond to a collection	on of infor	nation unless it displa	ys a valid OMB control number				
Effective on 12/08/2004. The purpose of the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known							
		Application Nu	mber	10/666,542							
FEE TRANSMITTAL				Filing Date		September 19, 2003					
For FY 2009				First Named Inventor		Thomas R. Apel					
Applicant plaims small or	27	Examiner Name		Michael B. Shingleton							
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2815					
TOTAL AMOUNT OF PAYMI	0	Attorney Docke	et No.	TRQ-12923	RQ-12923						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) ir	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
		(s) or underpayme	ents of fe	 	-	erpayments	g				
under 37 CFR 1	1.16 and 1.	.17		· · Clea	-	• •	Provide credit card				
information and authorization or	n PTO-2038	·	it card iii	ioiniadon silodid	not be inc		TOVIDE CIEDIT CAID				
FEE CALCULATION											
1. BASIC FILING, SEARC											
	FILING I	FEES Small Entity	SEAF	RCH FEES Small Entity	EXAM	INATION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee		Fees Paid (\$)				
Utility	330	165	540	270	220	110					
Design	220	110	100	50	140	70					
Plant	220	110	330	165	170	85					
Reissue	330	165	540	270	650	325					
Provisional	220	110	0	0	(0					
2. EXCESS CLAIM FEES Fee Description	;			-		Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (in						52	26				
Each independent clair		including Reiss	ues)			220	110				
Multiple dependent cla Total Claims	ıms Extra Clair	ms Fee (\$)	Eo	e Paid (\$)		390	195 Dependent Claims				
- 20 or HP =	<u> - XII a Ciaii</u>	X Lee (a)	= 1.6	e raid (#)		Fee (\$)	Fee Paid (\$)				
HP = highest number of total c	laims paid fo	or, if greater than 20.									
Indep. Claims - 3 or HP =	Extra Clair	<u>ns</u> <u>Fee (\$)</u>	<u>Fee</u>	e Paid (\$)							
HP = highest number of indepe	ndent claim:	s paid for, if greater t	 than 3.				:				
3. APPLICATION SIZE F	EE .	1.100 .1			-14	.:					
If the specification and d listings under 37 CFI											
sheets or fraction the						i sman chiny) io	r caen additional 50				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): RCE Fee (810); Petition to Revive Unintentionally Abandoned App (1620) 2,430.00											
SUBMITTED BY											
Simulation A				Registration No.		Teleph	008 500 015 0010				

Signature (Attorney/Agent) 52,137 elephone 503-615-9616 Name (Print/Type) Joseph Pugh Date November 20, 2009

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